Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED. A. BUILDING: 01 B. WING FCL034095 02/04/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4438 DRIFTWOOD DRIVE THE MEADOWBROOK HOUSE CLEMMONS, NC 27012 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) C 000 Initial Comments C 000 Report by Suzanna Fav DHSR Construction Section conducted a Biennial Survey on February 4, 2016 from 2:08 PM to 3:45 PM at the above referenced facility. DHSR records indicate the home was first licensed on June 6, 2012 as a Family Care Home for up to six non-ambulatory Residents (unable to evacuate and respond without any physical or verbal assistance during a fire or other emergency.) Based on this information we are requiring the home to maintain compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes and the 2009 North Carolina State Building Code - Section 421.2 - Residential Care Homes. Note: There have been no residents at the facility since March of 2014. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows: C 169 Fire Safety-Smoke Detectors C 169 SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (b) The building shall be provided with smoke detectors as required by the North Carolina State Building Code and U.L. listed heat detectors connected to a dedicated sounding device located in the attic and basement. These detectors shall be interconnected and be provided with battery backup. Note: Smoke detectors are required to be interconnected by this Rule. The application of the Rule permits the heat detectors to be

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITL

(X6) DATE

STATE FORM

6899

6ES021

If continuation sheet 1 of 2

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING FCL034095 02/04/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4438 DRIFTWOOD DRIVE THE MEADOWBROOK HOUSE CLEMMONS, NC 27012 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) C 169 Continued From page 1 C 169 interconnected with smoke detectors, but does not require it. This Rule is not met as evidenced by: C169 1. Observations revealed that there was not a 1. New smoke detector to smoke detector in the corridor immediately outside of Bedrooms #5 and #6. The corridor be installed in the outside of these two bedrooms is separated from the adjacent corridor (and the nearest smoke alarm) by a cased opening with a header that is approximately 16" deep. Have a qualified technician install a head in the corridor outside of these two sleeping rooms. Provide documentation of the correction in the form of receipts or work orders. C169 At the time of this survey, there were no Residents living at the facility. The Provider had 2. Fire system inspected, tested by Sentry 3/11/16 Watch. Battery replaced canceled the monitoring service for the fire alarm system, but the system was left operable. However, the panel indicated a trouble signal and did not go off when tested. Have a qualified technician service the alarm system. As the facility is fully sprinklered, the monitoring service must be reactivated prior to any Residents being brought into the facility. Provide documentation of the repairs in the form of receipts or work orders.

Division of Health Service Regulation

STATE FORM

689

6ES021

If continuation sheet 2 of 2

And Slale Administration 3/11/16

SERVICE ORGANIZATION Name: Sentry Watch Inc Address: 1705 Holbrook st Representative: Keith Kiger License No.: NC 31-CSA Telephone: 336-292-6468 MONITORING ENTITY Contact:	INSPECTION AN	ND TESTING FORM
SERVICE ORGANIZATION Name: Sentry Watch Inc Address: 1705 Holbrook st Alega Detectors Address: 1705 Holbrook st Approving Agency Contact: Telephone: 334 Vol. 1716 Telephone: 340 Vol. 1716 Telephone: 334 Vol. 1716 Telephone: 340 Vol. 1716 Telepho		DATE: 3-//- 14
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License No.: NC 31-CSA Telephone: 336-292-6468 MONITORING ENTITY Contact: Telephone: Monitoring Account Ref. No.: TYPE TRANSMISSION McCulloh Multiplex Digital Reverse Priority RF Other (Specify) Control Unit Manufacturer: Number of Circuits: Software Rev.: Software Rev.: ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION Quantity Circuit Style Manual Fire Alarm Boxes Ion Detectors Photo Detectors Duct Detectors Duct Detectors Duct Detectors Duct Detectors Heat Detectors Duct Detectors Hoat Detectors Duct Detectors Hoat Detectors Hoat Detectors Hoat Detectors Waterflow Switches	. Vaieb Piers	Address: 7778 Urittward Dr Clem
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FIGURE 10.6.2.3 Example of an Inspection and Testing Form.

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FIGURE 10.6.2.3 Continued

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Primary Power St	inply		3	3	-	- 11 32	
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FIGURE 10.6.2.3 Continued

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Name of Inspector: Keith Kiger Date: 3-/1-/4 Time: 4230)		
Name of Inspector: Keith Kiger Date: 3-/1-/4 Time: 4:30			
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FIGURE 10.6.2.3 Continued

Meadowbrook House FCL034095

Plan of correction

3/11/16

C169

- The previously submitted and approved fire system plans has never been flagged with this
 citation. The Meadowbrook has contacted and scheduled Sentry Watch to install a smoke
 detector in the corridor between room # 5 & room # 6. Installation completed 3/11/16.
- The Meadowbrook House does not currently have any residents, therefore the monitoring services has been turned off. The monitoring service will be reactivated and tested before residents are allowed to move in. The system was tested and inspected 3/11/16. I have included a copy of the inspection report.

Anthony Steele, Administrator

anth Stale Administration